alth,						THE DIV							
olfaro			FILED JUL	8 195	7	STANDA	RD CERTIF	ICATE OF DEATH		5/ 11 /	, <u>, , , , , , , , , , , , , , , , , , </u>	<u>9 8</u>	
blic		1	11110 301	- 100	•		324	mary Registration Distr	307	91 A 1 E F1E	ENUMBER	14	
rvice		느		Keg .	istration Distr	rict No	Pri						
		1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before a. STATE Mo. b. COUNTY Saline					
			o. COUNTY	Sal	ine			a. STATE MC)•	. COUNTY	Salin	e	
100	0		b. CITY (If outs	ide corporate li	imits, give TC	(WNSHIP only)	Inside Limits	e. CITY			1	nside Limits	
-56		Ŀ	OR TOWN	Marshal	.1		Yes 🗆 No 🗅	TOWN R.F	.D. Slat	er	9700	les□ NoEX	
		1	c. FULL NAME HOSPITAL O	D		/ 1 -		d. STREET	(If outs	ida, give lo	cation)	Reside on Farm	,
÷	~		INSTITUTION	î Fitzg	ibbon#	Hosp !) Wics	ADDRESS			· 1	resig No 🗆	
. .			NAME OF		First	м	iddle	Lost	4. DATE	Mont	h Day	Year	_
<u>-</u>			DECEASED (Type or print)	Wats	on	Jero	me	Wood	OF DEATH	July	1-1	957	
2		5. :	SEX	([6. COLOR OR	RACE 7.	MARRIED NE	ER MARRIED	8. DATE OF BIRTH	9. AGE (J	n years IF U		IF UNDER 24 HRS.	_
5			male	white	. 1 '	WIDONED A	DIVORCED	Jan. 29-18	ien last p	(May) Mon	5 Doys	Hours Min.	_
\$	-	10a	. USUAL OCCUPATION	ON (Give kind of t	vork done 100			11. BIRTHPLACE (City on	d state or country)		CITIZEN OF WH	AT COUNTRY?	
å m	ı		during most of we retired	orking tife, even	if retired)	none		Virginia	- cano de domin,	1.	US		
S B		13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
ded POSSI			J. W. Wood					Elizabeth	1 Tisdale)			
흐프		15.	WAS DECEASED EV	ER IN U. S. ARM	ED FORCES?	16. SOCIAL	. SECURITY NO.	17. INFORMANT		Address			_
<u> </u>	ĺ		no	no	or dates of service:	' no	•	Mrs. Mary	Cook, R.	F.D.	Slate	r, Mo	
F 2	Ī		18. CAUSE OF DE			ersine for (a), (b), and (c).]					VAL BETWEEN	_
± ₹			PART I. DEA	ATH WAS CAUSED IMMEDIATE CA	DBY: USE (a)	ronic >	nechrit	tis and i	uremia		lea	T AND DEATH	-
을 스	- 1				ري <u>حد</u> (د) ددد. م	1				<i>/</i> .	17		ç
Z	i		Conditions	if any.) DUE	TO (b)	hronic	Juny	vear dite	* ·		ye	un.	
BBON	I		which gave above cau	rise to se (a),	(0)	1	V/				-(17		
ىق ق	ı	_	stating the lying caus		E TO (c)	lembe	Oy						_
ັ ∝		É	PART II. OT	···	CONDITIONS CONTI	RIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL DISCHES C		DT I(a)	19. WA	S AUTOPSY	
. 0	- 1	₹		HER SIGNIFICANT C				· · · · · · · · · · · · · · · · · · ·	•••••		I DEC		
		<u>∪</u> 1	04	ract	ure o	1 les	* Te	mur	•••••	2 22 X	F YES	RFORMED?	
N X	ŀ	Ĕ	20a. ACCIDENT	ract	WILL OF	<i>yy</i> -		· · · · · · · · · · · · · · · · · · ·	4	2224	F YES		
related K INK	ľ	CERTIFIC	04	ract	HOMICIDE 206	DESCRIBE FOW	INJURY OCCURR	mur	4	2224	F YES		
related K INK		AL CERTIFIC	20c. ACCIDENT	SUICIDE		<i>yy</i> -	INJURY OCCURR	ED. (Enter nature of infi	4	2224	F YES		
casually related. Y BLACK INK		DICAL CERTIFIC	20g. ACCIDENT 20c. TIME OF H INJURY 6	SUICIDE		DESCRIBE FOW	INJURY OCCURR	ED. (Enter nature of infi	4	2224	F YES		_
casually related. Y BLACK INK		MEDICAL CERTIFIC	20a. ACCIDENT 20c. TIME OF H INJURY A 20d. INJURY OCCU	SUICIDE Our Month, I. m. RRED	Day, Year 20e. PLACE OF	DESCRIBE FOW	INJURY OCCURR	50. (Enter nature of infi	Ury in Part I or Pat	2224	F YES [8) 30 , (9		
st be casually related E ONLY BLACK INK		MEDICAL CERTIFIC	20a. ACCIDENT 20c. TIME OF H INJURY OCU WHILE AT THE	SUICIDE SUICIDE Our Month, L. m.	Day, Year 20e. PLACE OF	DESCRIBE FOW Pell INJURY (e. g., integry, street, office	INJURY OCCURR	50. (Enter nature of infi	Ury in Part I or Pat	222x 111 of them 1	F YES [8) 30 , (9	154	
be casually related ONLY BLACK INK		MEDICAL CERTIFIC	20a. ACCIDENT 20c. TIME OF H INJURY A p. 20d. INJURY OCCU WHILE AT	SUICIDE SUICIDE Month, I. m. RRED NOT WHILE	Day, Year 20e. PLACE OF farm, face	DESCRIBE FOW FULL INJURY (e. g., ir tory, street, office	or about home,	201. CITY, TOWN, OR LO	OCATION	222x 11 of them 1 April Line	7 YES [154	
st be casually related E ONLY BLACK INK		MEDICAL CERTIFIC	20a. ACCIDENT 20c. TIME OF H INJURY OCU WHILE AT THE	SUICIDE SUICID	Day, Year 20e. PLACE OF farm, face	DESCRIBE FOW Fell INJURY (e. g., ir story, street, office	or about home, bldg., etc.)	201. CITY, TOWN, OR LO	OCATION Land last saw h	222x ill of item I April COUNT im alive or	F ves [8] 30, 19	154 STATE 6.	
st be casually related E ONLY BLACK INK		MEDICAL CERTIFIC	20a. ACCIDENT 20c. TIME OF H iNJURY a. p. 20d. INJURY OCCU WHILE AT	SUICIDE SUICID	20e. PLACE OF farm, factors. UK	DESCRIBE FOW Fell INJURY (e. g., ir story, street, office	or about home, bldg., etc.)	201. CITY, TOWN. OR LANDY 1, 195	OCATION Land last saw h	222x ill of item I April COUNT im alive or	Y YES [Y	154 STATE 6.	
art I must be casually related USE ONLY BLACK INK		MEDICAL CERTIFIC	20a. ACCIDENT 20c. TIME OF H INJURY OCCU WHILE AT WORK 21. I attended to Death occur	SUICIDE SUICID	Day, Year 20e. PLACE OF Jarm, Jack 150 M. J.	INJURY (e. g., ir dory, street, office	or about home, bldg., etc.)	201. CITY, TOWN. OR LAND ALLE ADDRESS	OCATION Land last saw he the best of my i	2 22x il II of item I April Line im alive on thoo who do a	Y YES [Y WES [Y]] June 15 Ju	STATE 30,/95 causes stated	
art I must be casually related USE ONLY BLACK INK		MEDICAL CERTIFIC	20a. ACCIDENT 20c. TIME OF H INJURY OCCU WHILE AT WORK 21. I attended to Death occur 22a. SIGNATURE	SUICIDE OUT Month, Im. RRED NOT WHILE INT WORK the deceased is red at III	20e. PLACE OF farm, factors from Uff 3:30 A	DESCRIBE FOW Fell O INJURY (e. g., ir tory, street, office Al 30, mgree or title)	or about home, bldg., etc.)	201. CITY, TOWN. OR LAND ALLE ADDRESS	OCATION and last saw he the best of my is the last of my is the best of my is the b	2 22x il II of item I April Line im alive on thoo who do a	Y YES [Y WES [Y]] June 15 Ju	STATE 30,/95 causes stated	
art I must be casually related USE ONLY BLACK INK		MEDICAL CERTIFIC	20c. TIME OF HINJURY OCCU WHILE AT WORK 21. I attended to Death occur 22a. SIGNATURE	SUICIDE OUT Month, Im. RRED NOT WHILE INT WORK the deceased is red at III	20e. PLACE OF farm, factors from Uff 3:30 A	INJURY (e. g., ir tory, street, office will 30, mgree or title)	or about home, bldg., etc.) 157 to m on the date	201. CITY, TOWN. OR LOW REMATORY 23	ocation and last saw hathe best of my in State, Stater,	COUNTING COUNTI	Y YES [30, [17] 19 June	STATE STATE 30,/95 causes stated DATE SIGNED	
art I must be casually related USE ONLY BLACK INK		В	20a. ACCIDENT 20c. TIME OF H INJURY OCCU WHILE AT WORK 21. I attended to Death occur 22a. SIGNATURE	SUICIDE Our Month, E.m. RRED NOT WHILE INT WORK the deceased in the decease	20e. PLACE OF farm, factors from Uff 3:30 A	INJURY (e. g., ir story, street, office M. gree or title) 23c. payle of ty	or about home, bldg., etc.) 15.7 to m on the dash CEMETERY OR C	201. CITY, TOWN. OR LOW REMATORY 23	OCATION Land last saw hother best of my in State, Stater,	COUNTING COUNTI	Y YES [30, [17] 19 June	STATE STATE 30,/95 causes stated DATE SIGNED	
art I must be casually related USE ONLY BLACK INK		В	20a. ACCIDENT 20c. TIME OF H INJURY OCCU WHILE AT WORK 21. I attended a Death occu. 22a. SIGNATURE BURIAL, CREMATION REMOVAL (Specify) UT 18.1	SUICIDE Our Month, E.m. RRED NOT WHILE INT WORK the deceased in the decease	20e. PLACE OF Jarm, Jack	INJURY (e. g., ir story, street, office M. gree or title) 23c. payle of ty	or about home, bldg., etc.) 15.7 to m on the dash CEMETERY OR C	201. CITY, TOWN, OR LO R-F. I stated above; and to 22b. ADDRESS REMATORY 23	OCATION Land last saw hother best of my in State, Stater,	COUNTING COUNTI	Y YES [30, [17] 19 June	STATE STATE 30,/95 causes stated DATE SIGNED	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the	body whose name is recorded or	n the reverse side of this certificate was e
by me, or by	<u>.</u>	, Student Embalmer No
working under my personal s	upervision.	
ali salah	•	

Signature of Student Embalmer

Licensed Embalmer No. 5.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.